

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, November 18, 2009
Preferred Drug List Final**

AHFS Drug Class Reviewed: EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

Subclass Reviewed

Anti-infective: Antibacterials

AHFS Drug Class Reviewed: VITAMINS

Subclass Reviewed

Multivitamin Preparations: Prenatal Vitamins

AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIFUNGAL AGENTS

Subclass Reviewed

Antifungal: Allylamines

Antifungal: Azoles

Antifungal: Echinocandins

Antifungal: Polyenes

Antifungal: Pyrimidines

Antifungal: Miscellaneous

AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIMYCOBACTERIAL AGENTS

Subclasses Reviewed

Antimycobacterial: Antituberculosis Agents

Antimycobacterial: Miscellaneous

AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIVIRAL AGENTS

Subclasses Reviewed

Antiviral: Adamantanes

Antiviral: Interferons

Antiviral: Neuraminidase Inhibitors

Antiviral: Nucleosides and Nucleotides

Antiviral: Miscellaneous

AHFS Drug Class Re-reviewed: ANTI-INFECTIVE ANTIPROTOZOAL AGENTS

Subclasses Reviewed

Antiprotozoal: Amebicides

Antiprotozoal: Antimalarials

Antiprotozoal: Miscellaneous

AHFS Drug Class Re-reviewed: ANTI-INFECTIVE URINARY ANTI-INFECTIVE AGENTS

Eye, Ear, Nose, and Throat (EENT) Preparations Antibacterials

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

AZASITE
BACTROBAN
NASAL
BLEPHAMIDE
BLEPHAMIDE
S.O.P.
BLEPH-10*
NEOSPORIN*
POLY-PRED
TOBREX*
VIGAMOX

NON-PREFERRED BRAND or PA GENERIC

BESIVANCE
CILOXAN*
CIPRO HC
CIPRODEX
COLY-MYCIN S
CORTISPORIN*
CORTISPORIN-TC
FLOXIN*
IQUIX
MAXITROL*
OCUFLOX*
PEDIOTIC
PERIOSTAT*
POLYTRIM*
PRED-G
QUIXIN
TOBRADEX*
ZYLET
ZYMAR

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Vitamins Prenatal Vitamins

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CITRANATAL 90 DHA*
 CITRANATAL ASSURE*
 CITRANATAL DHA*
 CITRANATAL RX*
 CONCEPT DHA
 CONCEPT OB
 DUET DHA*
 DUET DHA EC*
 DUET DHA WITH
 FERRAZONE
 DUET STUARTNATAL*
 GESTICARE*
 GESTICARE DHA*
 HIP PRENATAL*
 ICAR-C PLUS*
 ICAR-C PLUS SR*
 MAXINATE
 NATACHEW*
 NATAFORT
 NATALVIT
 NATELLE
 NATELLE C*
 NATELLE ONE
 NATELLE PLUS*
 NATELLE PREFER
 NATELLE-EZ*
 NEEVO
 NEEVO DHA
 NOVANATAL*
 NOVASTART*
 OB COMPLETE*
 OB COMPLETE 400
 OB-NATAL ONE*
 OPTINATE
 PRECARE*
 PRECARE CONCEIVE*
 PRECARE PREMIER*
 PREFERA-OB*
 PREFERA-OB PLUS DHA
 PREMESIS RX*

*Denotes generic available in at least one dosage form or strength
 Drug name denotes all dosage forms and strengths unless noted

Vitamins Prenatal Vitamins (Cont'd)

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	PRENATE DHA* PRENATE ELITE* PRENEXA PRIMACARE* PRIMACARE ADVANTAGE* PRIMACARE ONE* PRUET DHA* PRUET DHA EC* SELECT-OB* SELECT-OB+DHA TANDEM DHA* TANDEM OB* TRICARE* TRICARE DHA VINATE AZ VINATE AZ EXTRA VINATE C* VINATE CALCIUM VINATE CARE* VINATE GT* VINATE IC* VINATE II VINATE III* VINATE M* VINATE ONE* VINATE PN CARE* VINATE ULTRA* VITAFOL-OB VITAFOL-OB+DHA VITAFOL-PN VIVA DHA

*Denotes generic available in at least one dosage form or strength
 Drug name denotes all dosage forms and strengths unless noted

Anti-infective Antifungal Agents Allylamines

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

LAMISIL*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antifungal Agents Azoles

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DIFLUCAN*
NOXAFIL
SPORANOX*
VFEND

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antifungal Agents Echinocandins

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CANCIDAS
ERAXIS
MYCAMINE

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antifungal Agents Polyenes

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

MYCOSTATIN*

NON-PREFERRED BRAND or PA GENERIC

ABELCET
AMBISOME
AMPHOTEC

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antifungal Agents Pyrimidines

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ANCOBON

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antifungal Agents Miscellaneous Antifungals

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

GRIS-PEG

NON-PREFERRED BRAND or PA GENERIC

GRIFULVIN V*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antimycobacterial Agents Antituberculosis Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	CAPASTAT SULFATE MYAMBUTOL* MYCOBUTIN PASER PRIFTIN RIFADIN* RIFAMATE* RIFATER SEROMYCIN* TRECATOR

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antimycobacterial Agents Miscellaneous Antimycobacterials

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antiviral Agents Adamantanes

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

FLUMADINE*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antiviral Agents Interferons

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

INFERGEN
PEGASYS

NON-PREFERRED BRAND or PA GENERIC

ALFERON N
INTRON A
PEGINTRON

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antiviral Agents Neuraminidase Inhibitors

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

RELENZA**
TAMIFLU**

NON-PREFERRED BRAND or PA GENERIC

NONE

*Denotes generic available in at least one dosage form or strength

**Preferred agents during defined flu season only

Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antiviral Agents Nucleosides and Nucleotides

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

BARACLUDE
COPEGUS*
CYTOVENE*
FAMVIR*
HEPSERA
REBETOL*
TYZEKA
VALCYTE
VALTREX
VIRAZOLE
VISTIDE
ZOVIRAX*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antiviral Agents Miscellaneous Antivirals

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

FOSCAVIR*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antiprotozoal Agents Amebicides

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antiprotozoal Agents Antimalarials

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

DARAPRIM

NON-PREFERRED BRAND or PA GENERIC

ARALEN
PHOSPHATE*
COARTEM
FANSIDAR
LARIAM*
MALARONE
PLAQUENIL*
QUALAQUIN

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-Infective Antiprotozoal Agents Miscellaneous Antiprotozoals

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ALINIA
FLAGYL*
FLAGYL ER
MEPRON
NEBUPENT
PENTAM 300*
TINDAMAX*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted

Anti-infective Agents Urinary Anti-infectives

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

FURADANTIN
HIPREX*
MACROBID*
MACRODANTIN*
MONUROL
PRIMSOL
PROSED/DS*
URELLE*
UREX*
URIMAR-T
URIN D.S.
UROQID-ACID
NO.2*
UTA*
UTAC*
UTIRA C*

*Denotes generic available in at least one dosage form or strength
Drug name denotes all dosage forms and strengths unless noted